

**South Carolina Department of Social Services  
Child Care Regulatory Services**

**Current Child Care Facility List of Children**

**To be completed by Child Care Facility Director prior to DSS Site Visit**

<b>Name of Facility:</b>	<b>County:</b>
<b>Physical Address: (Street, City, State, Zip)</b>	<b>Date:</b>

Child's Name (Please group children by the following ages: under age 2, age 2, age 3, age 4, age 5, and age 6 and above)	Age	Days in Facility (Ex., Mon. Wed. Fri.)	Arrival Time	Departure Time	For Facility Information Only (Records will not be checked by DSS)			
					Immunization	DSS Form 2900	General Record	Medication Authorization
1.								
2.								
3.								
4.								
5.								
6.								
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8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								